

Health and Wellbeing Board  
4 April 2019

## Proposed changes to the draft Health and Wellbeing Strategy

**Purpose of the report:** Policy Development and Review

Board members are asked to review the recommendations in this report regarding proposed changes to the draft Health and Wellbeing Strategy.

### Introduction

1. Members of the Surrey Health and Wellbeing Board ('the Board') would like to thank all those people and organisations that have contributed feedback to support the development of the draft Health and Wellbeing Strategy.
2. There has been a really positive and constructive response. People across Surrey have engaged in the development of the Strategy over the last six months to help us get to the draft we have. Whilst this recent engagement exercise was not a formal consultation, but a chance to test an evidence-based draft Strategy, the Board recognises the relatively tight timeframes involved and challenges that some partners had in responding. The Board would like to acknowledge the time and effort people took to feedback and also thank colleagues who attended meetings and spoke to individuals during the engagement period to help capture feedback on the draft Strategy.
3. It is important to stress that this is only part of the engagement process as described in the draft Strategy and in the feedback summary report, and the Board is committed to continued working with residents, patients and users of services to shape implementation of the Strategy over the coming weeks, months and years.

### Responding to the feedback

4. As detailed in the feedback summary report, 160 responses were received through the Surrey Says online feedback platform in addition to a number of emails and letters.
5. The feedback has been reviewed by a small working group and proposals for how that feedback is used in finalising the Strategy are set out below under a set of recommendations for the Board to consider.

### Support for the priorities, population groups and ambition set

6. The engagement exercise asked to what extent respondents agreed with priorities set, population groups identified, and the level of ambition included within the draft Strategy.
7. Overall, the feedback was positive (i.e. supported) across all the areas:

- a) Priority one (helping people lead healthy lives): 91% of respondents 'tend to agree' or 'strongly agree' with the priority
  - b) Priority two (supporting emotional wellbeing): 89% of respondents 'tend to agree' or 'strongly agree' with the priority
  - c) Priority three (fulfil potential): 85% of respondents 'tend to agree' or 'strongly agree' with the priority
8. Population group - general population:
    - a) 69% of respondents 'tend to agree' or 'strongly agree' with the population group
    - b) 63% of respondents 'tend to agree' or 'strongly agree' with the level of ambition set for this group
  9. Population group - children with Special Educational Needs and Disabilities (SEND) and Adults with Learning Disabilities and/or Autism:
    - a) 90% of respondents 'tend to agree' or 'strongly agree' with the population group
    - b) 79% of respondents 'tend to agree' or 'strongly agree' with the level of ambition set for this group
  10. Population group – young and adult carers:
    - a) 91% of respondents 'tend to agree' or 'strongly agree' with the population group
    - b) 80% of respondents 'tend to agree' or 'strongly agree' with the level of ambition set for this group
  11. Population group - people who need support to live with illness, live independently or to die well:
    - a) 93% of respondents 'tend to agree' or 'strongly agree' with the population group
    - b) 79% of respondents 'tend to agree' or 'strongly agree' with the level of ambition set for this group
  12. Population group - deprived or vulnerable people:
    - a) 89% of respondents 'tend to agree' or 'strongly agree' with the population group
    - b) 74% of respondents 'tend to agree' or 'strongly agree' with the level of ambition set for this group

**Recommendation to the Board:**

13. The Health and Wellbeing Board are asked to note the response to the priorities, population groups and level of ambition included within the draft Health and Wellbeing Strategy.

<b>Proposed changes to the strategy</b>
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14. There were a number of pieces of feedback where it was clear (to the working group) by making changes it would strengthen the Strategy. It is proposed that these changes are made before the document it is finalised.

**Recommendations to the Board:**

15. The Health and Wellbeing Board are asked to consider and agree the following changes to the draft Strategy:
16. Overall:
  - a) Review the language to make it easier to understand and look for opportunities to simplify and shorten the Strategy document (moving some information to appendices and removing most of the existing appendices)
  - b) Review and strengthen references to mental health
  - c) Add in financial impact of achieving the outcomes

17. Population Groups:
  - a) Make it explicit that across all population groups identified, there would be consideration of protected characteristic groups within them (e.g. BAME groups)
  - b) Review and strengthen focus on personal responsibility and self-care (particularly as part of the 'general population' group)
  - c) Amend the population group description from 'People who need support to live with illness, live independently or to die well' to 'People who need support to live with disability and / or illness, live independently or to die well'
18. Priority areas:
  - a) Priority one – add a specific reference to improving environmental factors that impact people's health and wellbeing (e.g. access to green space, planning, transport plans, air quality)
  - b) Priority one – add specific reference to physical activity
  - c) Priority one - review wording to ensure it is clear 'substance misuse' includes the use of illegal drugs
  - d) Priority two – add in specific reference to domestic abuse
  - e) Priority three – amend wording to include volunteering (not just employment)

#### **Measuring outcomes**

19. Partners acknowledged through the process that further work was needed on the measures of success and feedback received through the engagement period supported this view.
20. Specific examples of areas that needed further work that came through the feedback included:
  - a) Loneliness and isolation
  - b) deprived and vulnerable children (not just using academic success as a measure)
  - c) domestic abuse
  - d) community participation and inclusion
  - e) focus more on prevention (sense that there were too many 'late measures')
  - f) carers

#### **Recommendation to the Board:**

21. The Health and Wellbeing Board are asked to acknowledge that further work needs to be undertaken on measuring outcomes for the Strategy and ask the Executive Director of Public Health to lead this work (through the Surrey Office of Data Analytics).

#### **Suggestions to inform implementation**

22. Many responses received provided positive and constructive suggestions for how the Strategy could be implemented. Whilst these do not necessitate a change in the Strategy document itself, these suggestions should be captured and passed on to those leading implementation of the priority areas to help shape and inform their work.
23. These suggestions included ideas or feedback on:
  - a) Ensuring work around housing included housing for disabled people, sufficient affordable housing (particularly for health and care staff), and ensuring it was prominent in the Wider Determinants of Health programme of work
  - b) People's experience in accessing Child and Adolescent Mental Health Services
  - c) Tackling loneliness and isolation

- d) Supporting young carers
- e) Working with the Voluntary, Community and Faith Sector
- f) Highlighting the complexities of domestic abuse and links other areas covered in the Strategy
- g) Strengthening and being clear about partnership infrastructure and arrangements to oversee delivery of the Strategy
- h) Services for people with dementia and Alzheimer's

**Recommendation to the Board:**

24. The Health and Wellbeing Board are asked to note the above feedback and ensure it is shared with priority leads to help inform the implementation of the Strategy.

**Feedback for others**

25. Some of the feedback and suggestions received related to programmes of work, or functions of individual organisations, not covered by the Strategy. For example, some will be picked up by individual Integrated Care System responses to the NHS Long Term Plan or by individual commissioners or providers of care. Whilst there will be some links between work in these areas and work covered by the Strategy, they sit primarily outside of it – as a result, changes are not proposed to the Strategy itself but feedback should be shared with those responsible for the relevant services.
26. This feedback included:
- a) Faster access to services following GP referrals
  - b) Cost of care facilities for older people
  - c) Specific comments about services for deaf people
  - d) Specific comments around dental services
  - e) Specific comments about cardiovascular disease and stroke
  - f) Specific comments about decision already taken by partners (e.g. remodelling Children's Centres)

**Recommendation to the Board:**

27. The Health and Wellbeing Board are asked to note the above feedback and ask officers to share with the appropriate organisations to enable its use in informing future service improvements.

**Acknowledge but not change**

28. The final category of feedback response is those pieces of feedback which, after careful consideration by the working group, are not being recommended for adoption by the Board. These include:
- a) *Separating adult carers and young carers into separate population groups* – the working group acknowledged the different needs that these groups may have but were clear that a single population group with distinct interventions for each was the most appropriate approach.
  - b) *Separating children with SEND, and Adults with LD and/or Autism into separate population groups* – the working group acknowledged the different needs that these groups may have but were clear that a single population group with distinct interventions for each was the most appropriate approach. Work on services places a big focus on the transition between childhood and adulthood.
  - c) *Suggestion that a single organisation should be held accountable for each of the Priorities and associated Outcomes* – whilst individual organisation retain their statutory accountability for the delivery of certain functions, the working group felt that this Strategy was intended to be focussed on those areas where partnership working and shared ownership was crucial to successful delivery.

**Recommendation to the Board:**

- 29. The Health and Wellbeing Board are asked to note the above feedback but endorse the view of the working group to not adopt as changes to the Strategy.

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**Sources/background papers:** Summary of responses to the draft Health and Wellbeing Strategy

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